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Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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PATENT LAW OFFICES OF MICHAEL E. WOODS 3433 WHEELING DRIVE SANTA CLARA, CA 95051

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Michael E. Woods	(Depositor's name)
/Michael E. Woods/	(Signature)
2 October 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/765,437	01/26/2004	Wade Spital	20056-7002	1536
FITLE OF INVENTION:				

I	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	YES	\$720	\$0	\$720	11/07/2007
	EXAM	IINER	ART UNIT	CLASS-SUBCLASS		

1. Change of correspondence address or indication of "Fee Address" (37	2. For printing on the patent front page, list	
CFR 1.363).	(1) the names of up to 3 registered patent attorneys	1 Patent Law Offices of MEW
☐ Change of correspondence address (or Change of Correspondence	or agents OR, alternatively,	
Address form PTO/SB/122) attached.	(2) the name of a single firm (having as a member a	2
☐ "Fee Address" indication (or "Fee Address" Indication form	registered attorney or agent) and the names of up to	
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer	2 registered patent attorneys or agents. If no name is	3
Number is required.	listed, no name will be printed.	

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.		
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)	
Please check the appropriate assignee category or categories (will not be	e printed on the patent): 🗖 Individual 📮 Corporation or other private group entity 📮 Government	
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):	
✓ Issue Fee	A check in the amount of the fee(s) is enclosed.	
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Advance Order - # of Copies	☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).	
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Authorized Signature /Michael E. Woods/	Date 2 October 2007	
Typed or printed name Michael E. Woods	Registration No. 33,466	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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